

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 9/25/2010

Address: 2990 N. WAYNE

Case #: 22F-46389

ANGOLA

County: ST. EUBEN

## **Type of Laboratory Seizure (check one)**

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## **Seizure Location (check all that apply)**

- ☐ Residence  
☐ Outbuilding  
☒ Vehicle  
☐ Hotel/Motel  
☐ Open - No Structure  
☐ Other: \_\_\_\_\_

## **Items Found: Location (bedroom, kitchen, open air, etc)**

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): VEHICLE  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: VEHICLE  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): VEHICLE  
☒ Corrosive Acid: VEHICLE  
☐ Corrosive Base: \_\_\_\_\_  
☒ Other (item and location): Ammonium nitrate, vehicle

## **Child under age 18 discovered (check one)**

- ☒ Yes 1 (number present)  
☐ No

\*If yes, fax report to Child Protective Services

## **Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☒ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

## **This report is to be faxed to the following agencies that serve the location:**

Fire Department: ANGOLA FD

Fax: 260-624-2744

Health Department: ST. EUBEN COUNTY

Fax: 260-665-1418

Child Protection Service: ST. EUBEN COUNTY

Fax: 260-665-8257

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: DOUG JACKSON Phone 765-369-2561

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.